STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 6/93)

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CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
Anthony P. Sauer		Rehabilitation

	CB/ID NUMBER	DIVISION OR BUREAU	
813-001-9785-001	E99	Director's Office	
		HEADQUARTERS ADDRESS	TELEPHONE NUMBER
		721 Capitol Mall	(916) 558-5800
CITY	STATE ZIP CODE	STATE	ZIP CODE
		Sacramento CA	95814

MONTH	(1) YEAR	(3)	(4)	(5) MEALS		(6)	(7) TRANSPORTATION					(8)	(9)
June	2009	LOCATION					(A)	(B)	(C) TOLLS,	(D) PRIVATE CAR USE			TOTAL
(2) DAY	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	O.T., L/T N/C, REL0, DINNER	INCIDEN-TALS	COST OF TRANS.	TYPE USED	CARFARE, PARKING	MILES	AMOUNT	BUSINESS EXPENSE	EXPENSES FOR DAY
25	10:00 17:30	Sacto to Oakland/RT						SC		4 10.00		0.00		14.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		14.00	0	0.00	0.00	14.00
CLAIM CODE (ACCTG. USE ONLY)														

CLAIM TOTAL $ 14.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Director's Office 001 - Tour and meeting at the Oakland Children's Hospital (Project SEARCH)

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED **$0.550**

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
> Original signed by Anthony Sauer		> Original signed by Luciana Profaca	

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) DATE

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